

## **CERTIFICATE OF** ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name. O7 DEC 31 AM 8: 46

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly. NOTE: See instructions on reverse before filing.

The assumed business name which the undersigned use(s) in the transaction of business is:  Claar to Tuli Til	
2. The true name(s) and business address(es) of the elebusiness under the assumed business name:  Name  Tarra A. Flowerbew  Co	ntity or individual(s) doing  Complete Address  Colollary  Colollary  Cololary
3. The general type of business transacted under the a  Retail Trade Transportation and Public Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Estate  4. The name and address to which future correspondence should be addressed:  The Cocoladia Apacoladia To 83813.	
5. Name and address for this acknowledgment copy is (if other than # 4 above):  WAS TANA FUNERACIO  12-84 COCCLOUIC Ly  COCOLOUIC LY  Signature: Sund Assurable  (signature required)  Printed Name: TANA FUNERACIO  (signature required)  Capacity/Title: OUNE  (see instruction # 8 on back of form)	Secretary of State use only  IDAHO SECRETARY OF STATE  12/31/2007 05:00  CK: NO CK# CT: 158610 RH: 189155

1 @ 25.00 = 25.00 ASSUM NAME # 2

